

ENROLLMENT FORM

Social Security Number

□□□-□□-□□□□

Plan Number:

45404

Plan Name: Provisio Group 401(k) Plan

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

Date of Birth:

Date of Hire:

I want to: *(Select one)*

Enroll Re-Enroll Waive my right to make pretax contributions at this time

Pretax Contribution Information

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on a **PRETAX** basis: _____%.

(The percentage indicated cannot exceed 90% of your eligible Compensation unless you are age 50 or will turn age 50 during the current calendar year. For the calendar year, your total pretax contributions and any catch-up contributions for eligible participants cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year.)

Investment Elections

I choose to invest my Account as follows:

(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%.)

Permissible Investment Option	Name	Investment Option Number	Percentage
1	Fidelity Retirement Money Market Portfolio	0630	
2	Fidelity Intermediate Bond Fund	0032	
3	Fidelity Investment Grade Bond Fund	0026	
4	Fidelity Short-Term Bond Fund	0450	
5	Fidelity Puritan Fund	0004	
6	Fidelity Equity-Income Fund	0023	
7	Fidelity Equity-Income II Fund	0319	
8	Fidelity Value Fund	0039	
9	Fidelity Dividend Growth Fund	0330	
10	Fidelity Fund	0003	
11	Spartan® Total Market Index Fund	0397	
12	Fidelity Value Strategies Fund	0014	
13	Spartan® Extended Market Index Fund	0398	
14	Fidelity Small Cap Retirement Fund	0384	



5VECMENRL01Z

15	Fidelity Small Cap Value Fund	1389	
16	Fidelity Blue Chip Growth Fund	0312	
17	Fidelity Export and Multinational Fund	0332	
18	Fidelity Fifty [®]	0500	
19	Fidelity Growth Company Fund	0025	
20	Fidelity Large Cap Stock Fund	0338	
21	Fidelity OTC Portfolio	0093	
22	Fidelity <i>Contrafund</i> [®]	0022	
23	Fidelity Aggressive Growth Fund	0324	
24	Fidelity Mid-Cap Stock Fund	0337	
25	Fidelity Aggressive International Fund	0335	
26	Fidelity Diversified International Fund	0325	
27	Fidelity Overseas Fund	0094	
28	Fidelity Real Estate Investment Portfolio	0303	
29	Fidelity Freedom Income Fund [®]	0369	
30	Fidelity Freedom 2000 Fund [®]	0370	
31	Fidelity Freedom 2010 Fund [®]	0371	
32	Fidelity Freedom 2020 Fund [®]	0372	
33	Fidelity Freedom 2030 Fund [®]	0373	
34	Fidelity Freedom 2040 Fund [®]	0718	
35	Fidelity Freedom 2005 Fund [®]	1312	
36	Fidelity Freedom 2015 Fund [®]	1313	
37	Fidelity Freedom 2025 Fund [®]	1314	
38	Fidelity Freedom 2035 Fund [®]	1315	
39	Fidelity Freedom 2045 Fund SM	1617	
40	Fidelity Freedom 2050 Fund SM	1618	

Total	100%
--------------	-------------

Note: Your investment elections will not apply to Plan assets received from a prior custodian/trustee until all Participant Account information has been received and reconciled by Fidelity.

Signatures

I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my election will continue in effect until I change or revoke it or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated above and to make a contribution to the Plan on my behalf. I understand that I have the right to obtain a prospectus for more information about the Plan's investment options by contacting Fidelity at 1-800-835-5097.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR SIGNATURE* _____ **DATE** _____

PLAN ADMINISTRATOR

PRINT NAME* _____

***Note:** The Plan Administrator should both print and sign his/her name in the spaces given.

Note: The Plan Administrator must provide the information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

For Plan Administrator Use Only:	Participation Date: _____	Vesting Date: _____
	Years of Service: _____	Division: _____
	Employee No.: _____	

Form Completion Checklist

Before submitting this form please verify that you have included the following information:

- Participant's social security number
- Investment Elections (Whole percentages totaling 100%)
- Participant signature
- Plan Administrator signature